

L040000S2920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

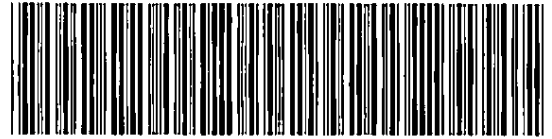
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 FEB 11 A 5:59
TALLAHASSEE, FL 32301

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19 FEB 11 AM 11:20

2/13/19 OS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2019

CT CORP

SUBJECT: HILLSBOROUGH PASCO MEDICAL CLINICS, L.C.
Ref. Number: L04000052920

We have received your document for HILLSBOROUGH PASCO MEDICAL CLINICS, L.C. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 019A00002964

2/12/19 corrected

Please allow for original file date.
Thank you!

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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date:

~~2/11/2019~~ 2/12/19

Acc#I20160000072

en: c DW

Name:	HILLSBOROUGH PASCO MEDICAL CLINICS, L.C.
Document #:	
Order #:	11425637

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: ☒

Certified: ☒

Plain: ☐

COGS: ☐

Availability	_____
Document	_____
Examiner	_____
Updater	_____
Verifier	_____
W.P. Verifier	_____
Ref#	_____

Amount: \$ 55.00

Thank you!

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CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hillsborough Pasco Medical Clines, L.C.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

smathur@cpfounders.com

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Name of Person

at (_____) _____
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☒ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Hillsborough Pasco Medical Clines, L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/16/2004 and assigned
Florida document number L04000052920.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2525 Amberfield Drive Suite 104, Land O' Lakes, FL 34638

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

2525 Amberfield Drive Suite 104, Land O' Lakes, FL 34638

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: C T Corporation

New Registered Office Address: 1200 South Pine Island Road
Enter Florida street address

Plantation, Florida 33324
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Stephanie Hencz
Asst. Secretary
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	See attachment.		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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CLERK OF COURT
JULIA HARRIS

Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated February 8 _____, 2019.

l. H.

Sameer Mathur , President

Typed or printed name of signee

HILLSBOROUGH PASCO MEDICAL CLINICS, L.C.

#8:

Title	Name	Address	Add/Remove
President	Sameer Mathur	2525 Amberfield Drive, Suite 104 Land O' Lakes, FL 34638	ADD
Vice President	Colin Forde	2525 Amberfield Drive, Suite 104 Land O' Lakes, FL 34638	ADD
Secretary	Tarak Choksi	2525 Amberfield Drive, Suite 104 Land O' Lakes, FL 34638	ADD
Treasurer	Sanjay Navadia	2525 Amberfield Drive, Suite 104 Land O' Lakes, FL 34638	ADD
Vice President of Finance	Chris Brisch	2525 Amberfield Drive, Suite 104 Land O' Lakes, FL 34638	ADD
Manager	Dr. Pritesh N. Patel	18928 N. Dale Mabry Hwy., Suite 101 Lutz, Florida 33548	REMOVE
Manager	Dr. Chirag N. Patel	18928 N. Dale Mabry Hwy., Suite 101 Lutz, Florida 33548	REMOVE

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SECRETARY
FALLAH ASSLE